

**NOMINATION FOR INTERAGENCY TRAINING**

COURSE	1 Course title <b>Approved For Release 1999/09/20 : CIA-RDP78-04488A000200260054-0</b> <b>Residential Program in Executive Education</b>	2 Cost <b>\$ 3500</b>
	4 Dates of course <b>2 January - 22 February 1974</b>	3 Agency offering course <b>Federal Executive Institute</b>
	5 Location of course (City, State) <b>Charlottesville, Virginia</b>	

NOMINEE	6. Name (First) (Initial) (Last) (Mr., Miss, Mrs.)  <b>STATINTL</b>	7. Position title <b>Auditor (Special Assistant to Office Chief)</b>
	8. Home address (including ZIP Code)  <b>STATINTL</b>	9. Pay plan and grade  <b>GS-16</b>
	10. Office telephone (including Area Code)  <b>202 - 351-1100</b>	
	11. Enter here special information required by the course announcement	

AGENCY	12. Billing address (including ZIP Code)  <b>Registrar, Office of Training Central Intelligence Agency Washington, D.C. 20505</b>	13. Approving official (signature and title)  <b>Registrar, Office of Training</b>
	14. Date  <b>17 December 1973</b>	15. Telephone (including Area Code)  <b>202 - 351-2193</b>
	16. Return address of nominating agency (including ZIP Code)  <b>Registrar, Office of Training Central Intelligence Agency Washington, D.C. 20505</b>	

<b>FOR USE BY AGENCY OFFERING TRAINING-DO NOT FILL IN THIS PART</b>		
ACTION	17. Nominee is: <input type="checkbox"/> Selected as nominated <input type="checkbox"/> Selected for alternative dates (see Remarks) <input type="checkbox"/> Not selected (see Remarks)	18. Remarks
	19. First session of class meets	

**INSTRUCTIONS TO NOMINATING AGENCY**

1. Observe the Nominating Criteria and Special Instructions in Course Announcement or Bulletin before completing this form.
2. All requested information, Items 1 through 16, must be furnished. Use typewriter to complete form.
3. Submit the original and the first three copies (do not remove carbons) to the agency offering the training. See Course Announcement or Bulletin for correct address. The agency submitting the nomination may retain the additional two copies
4. A copy of this form will be returned by the agency sponsoring the training, indicating the action taken on the nomination in the ACTION block.

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NOMINEE	5. Location of course (City, State) <b>Charlottesville, Virginia</b>	

6. Name (First) (Initial) (Last) (Mr., Miss, Mrs.) <b>George V. Allen, Mr.</b>	7. Position title <b>Office Director</b>
8. Home address (including ZIP Code) <b>[REDACTED]</b>	9. Pay plan and grade <b>GS-17</b>
	10. Office telephone (including Area Code) <b>202 - 351-1100</b>
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**Registrar, Office of Training  
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18 December 1973

Mr. Rodriguez:

STATINTL

The Training Selection Board, by telephone poll, unanimously approved the nominations of Messrs. Allen and [redacted] for the FEI beginning 2 January.

I have talked with the Civil Service Commission by telephone (Mr. Thomas Meyer) who is completing their enrollments.

Request your signature on transmittal letter.



Miriam  
Miriam